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THE USE OF THE SOCIAL SERVICE INDEX
BY THE DEPARTMENT OF NEIGHBORHOOD CLUBS
OF THE CHILDRENS' AID ASSOCIATION

A Thesis

Submitted by

Rose Frances Steinkrauss
(B.S. Emmanuel College, 1942)

In Partial Fulfillment of the Requirements for
The Degree of Master of Science in Social Service

1948

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TABLE OF CONTENTS

CHAPTER	PAGE
I. THE PRESENT STUDY	1
A. Statement of the Problem	1
B. The Purpose of the Study	2
C. The Sources of the Material.	2
D. The Scope and Method of the Study.	2
II. THE DEPARTMENT OF NEIGHBORHOOD CLUBS.	4
A. Summary of History, Function, Objectives	4
B. D.N.C. Use of Index.	6
C. An Illustration.	6
III. THE RESOURCE.	9
A. Introduction	9
B. Use of the S.S.I. in Group Work.	9
C. Advantage of the S.S.I.	10
IV. THE TYPE OF INFORMATION RECEIVED.	11
A. Agencies Knowing Family.	11
B. Selection of Records	15
C. Significant Facts Revealed	16
1. General Information	16
2. Patterns of Behavior.	17
3. Behavior and Personality of Client.	18
4. Alcoholism.	20
5. Economic Background	20
6. Health Problems	20
7. Intelligence.	22
D. Reasons for Absence of Follow-Up	22
E. Significant Facts Followed Up.	23
V. HOW FACTS WERE UTILIZED	25
A. Introductory Statement	25
B. Direct Treatment	25
1. By the D.N.C.	25
2. By Another Agency	27
C. Indirect Treatment	27
1. By the D.N.C.	27
1. By Another Agency	29

CHAPTER	PAGE
VI. ILLUSTRATIONS	31
A. Introductory Statement.	31
B. Ruth P.	33
C. Alice K.	35
D. John T.	37
E. Edith D.	41
F. Andy B.	44
VII. SUMMARY	46
A. Summary of Findings	46
1. Case Studies	46
2. Interested Agencies.	47
3. Significant Facts Revealed	47
a. Economic and Family Background	47
b. Fathers and Mothers.	47
c. The Siblings	47
d. The Client	48
4. Follow-Up.	48
5. Utilization of Facts	49
a. Direct Service	49
b. Indirect Service	49
6. Use of the S.S.I.	50
B. Conclusions	51
C. Recommendations	54
APPENDIX.	55
BIBLIOGRAPHY.	56



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LIST OF TABLES

TABLE	PAGE
I. Grouping of Records Read According to Problem . . .	15
II. Problems Grouped as Pertaining to Individuals . . .	16
III. Type of Personality Problem in Client.	18
IV. Type of Overt Behavior Problem in Client	19
V. Type of Health Problem Found in Client	21
VI. Intelligence of the Clients.	21
VII. Comparison of General Facts Obtained & Utilized. .	23
VIII. Client Information Obtained in the 62 Cases Com- pared with Information Used.	24
IX. Direct Service to Clients.	26
X. Indirect Service by the D.N.C.	28

FIGURES

I. List of Agencies Knowing Families Compared with . .	12
Records Selected for Investigation	

CHAPTER I

THE PRESENT STUDY

A. Statement of the Problem

It would seem that the first efforts of every social worker should be directed toward the attainment of a composite picture of the child as a whole in relation to his home, his school and his community. Otherwise

specific knowledge and particular technical skills are frustrated in particular cases because they are not related to other knowledge and . . . skills needed to meet . . . problems of the individual child.¹

This isolationism that denies the true objectives of social work, namely, attainment of economic well-being and satisfying social relationships for all people can be prevented by intelligent use of the Social Service Index. Specialists seem to ignore the complex nature of the client and his problems but, they do not enjoy the confusion they engender nor the sense of failure that accompanies partial or total defeat. A constant plea for cooperative treatment and for integrated service is needed to remind social workers of their obligations to the client, the community and to the profession.

In an attempt to assure this integrated approach to the problems of the clients of the Department of Neighborhood Clubs of the Childrens' Aid Association, an S.S.I. registration is made routinely on all new members. This is the first step toward "cooperative treatment."

1. Lawrence K. Frank, "Waste of Expertness" Survey Midmonthly 82:3, January 1946

B. Purpose

The purpose of this statistical study was twofold: 1) to determine the effectiveness of the S.S.I. in identifying sources of pertinent information which will promote better understanding of the needs of an individual served by the Department of Neighborhood Clubs of the Childrens' Aid Association and 2) to determine what type of service was given to the client as a result of the information gained, that is, whether he was served by group work and/or case work.

C. Sources

The material for this study was obtained from the individual and group records of the D.N.C. The writer is indebted to the Childrens' Aid Association for the use of these records and to Miss Marjory Warren, Supervisor of the department, for her help in clarification of the records.

D. Scope and Method

The D.N.C. had 287 members in the year 1946-1947 composing twenty-nine clubs. Sixty-one per cent or 175 of these members had been served previously by a social agency since they were known to the S.S.I.

In studying the registration of these 175 known members, it was found that 113 had to be rejected since the record material obtained was either 1) too old 2) inadequate 3) concerned with direct relief only or 4) pertained to siblings who were also club members. In the case of siblings, the registration of only one member of a family was chosen since the S.S.I. sheet is a family not an individual index.

Thus, this statistical study is concerned with sixty-two cases from which information was obtained by the use of a schedule which is included

in the appendix. An analysis of each case revealed the facts. In addition to this analysis, five representative cases were chosen to indicate typical D.N.C. procedure. These cases were summarized and followed by analytical discussion to highlight departmental function and focus. The writer then consulted with workers in the department familiar with a particular case to obtain additional pertinent data.

CHAPTER II

THE DEPARTMENT OF NEIGHBORHOOD CLUBS

A. Summary of Department History, Function and Objectives.

As early as 1887, the need of guided leisure time activities for children was recognized by Mr. Charles Birtwell, then general secretary of the Childrens' Aid Society. A "Home Library Clubs" Department was established which provided leadership and program, that is, a set of books to be exchanged among club members.

The continuance of this program was naturally assured by the Childrens' Aid Association which is primarily concerned with children who have become personality or behavior problems or even delinquents due to the breakdown in family relationships or parent-child relationships.

It was felt that these problems could be checked or might never develop if they were uncovered and treated at onset. Hence, these preventive and protective groups took on new significance.

The clubs are organized in unfavorable neighborhoods of Metropolitan Boston, hitherto unserved. They now revolve around a referred individual, boy or girl, from seven to fourteen years who is permitted to invite his friends as members of the group - or in lieu of this procedure, club members are sought by the leader or the parent from the schools or churches.

Referrals to the D.N.C. (so called since 1946) are accepted not only from the Childrens' Aid Association but from other case work agencies, guidance clinics, hospitals, group work agencies, public libraries, schools, churches and the courts.

The unique feature of the clubs is their protective nature. The fact that children with medical, behavior or personality difficulties often are unable to join groups which might be threatening, or are unable to function in an ordinary recreational group is the basis for the Department's planning. Without group activity, these children become withdrawn or aggressively anti-social. Their early minor symptoms of maladjustment pass unnoticed and develop insidiously, nurtured by unsatisfactory home and community conditions.

A purposely small group under competent leadership allows attention to be focused on each individual whose needs and interests are known, and who is served by a program keyed to his level. In many instances a good leader can help the individual to meet his needs through group activity without recourse to psychiatry or special environment. In the event that the problem is far advanced and such service is necessary, there is a procedure for referral to the proper agencies, preceded and accompanied by interpretation to the client, his parents and often, his school teacher.

Attitudes learned in securing a satisfactory group adjustment are transferred permitting satisfactory home or school adjustment. Again, the emphasis placed on the home, the natural center, as a meeting place for the club provides incentive for improvement in certain family and home situations.

Home visits by the group worker to get acquainted, explain the nature of the group, and express an interest in the child are customary. They establish a positive contact and often pave the way for later therapeutic treatment of the child.

B. Use of the Index

In the D.N.C., the S.S.I. is routinely consulted for all new members who join. After the registration is received, the customary follow-up by record reading and consultation is done on a selective basis with as few or as many sources investigated as are needed for a complete picture. Finally, a plan of action is formulated based on consideration of the needs of the individual and the function and activity of the D.N.C. and other interested agencies.

C. An Illustration

Nancy, an intelligent, talented and aggressive eleven-year old was referred to the D.N.C. by a district secretary of the Family Society who was also the caseworker for Nancy's parents. The family lived in a neighborhood which was designated as "highly unfavorable." It was unserved by any leisure-time agency.

The objective of referral was to obtain a "club" for Nancy in which pleasurable activities and contacts with an understanding adult would increase her knowledge and skill and her ability to work and play with others. In addition, she also needed an opportunity to exercise her leadership ability and give vent to her energies constructively.

The general objectives were also extended to the five other ten and eleven-year olds who were invited by Nancy, her parents and the group worker of the D.N.C. to join the club which was to meet in the homes of members.

Initiation of the club was assigned to the worker at the D.N.C. in charge of girls' activities. It was also her responsibility to secure a

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mature , reliable adult to act as the immediate leader of the club. A college student who had had previous work experience expressed a desire to volunteer for girls' work in the department. She came highly recommended and her experience and interests qualified her for this group. This volunteer was accepted and oriented to the work of the D.N.C. Later training consisted of monthly leader's meetings and weekly individual conferences between the group worker and the leader.

After the worker had introduced the leader to the club and had given in-service training, she resigned from the group leaving the volunteer leader in charge. However, through the weekly conference and frequent observation visits, she kept in touch with club progress. In addition, she assisted the leader in planning a flexible program based on the ages, interests and needs of the members.

Leadership by this volunteer freed the group worker to follow up the S.S.I. registrations of members, to read important records and to make collateral visits. Information that helped to explain the behavior of the individual member was interpreted to the leader. The club program and the leader's role was then adjusted to meet any indicated need. Occasionally, this was not possible.

The behavior of one youngster, Pat. D. was characterized by compulsive reactions, temper tantrums and hostile attacks on club members. She seemed unable to develop in this group and her behavior was disrupting the whole process.

The volunteer leader was alert to these signs of dissatisfaction and reported them to the group worker. After a re-reading of Pat's individual

record which included notes on S.S.I. contacts, family and collateral visits et cetera, there were conferences with the D.N.C. supervisor and the Family Society secretary. The facts in Pat's history showed a deserted mother, an alcoholic father, an emotionally and financially insecure home and physical abuse of Pat by her mother. The family had already been served by the Family Society and another agency but the contacts were unsuccessful because Mrs. D. refused to cooperate. The Family Society had closed the case. It was agreed by all the workers involved that Pat should be kept in the club and that the D.N.C. worker should attempt to work with Pat and her mother in an effort to improve the disturbed behavior. There were benefits to be gained by Pat's presence in the group. Hence, the worker had to interpret her behavior to the leader, to club members, to parents of club members and finally to Pat's own mother. Pat also came to the D.N.C. office for private interviews with the worker. After a period of four months, her behavior in the club showed a definite improvement.

CHAPTER III

THE RESOURCE

A. Introduction

The Social Service Index exists as a department of the Boston Council of Social Agencies to be utilized as a medium to facilitate constructive and synchronized action. Any accredited social work agency that meets S.S.I. requirements is permitted to register cases at the Social Service Index and, in turn, clear their clients through it to determine what agencies are now in touch with the family or have had contact in the past. No confidential information will be divulged as none is recorded. The cards filed reveal only the names, aliases, addresses, ages, names of agencies interested, and dates of registration.

The S.S.I. originated to prevent waste and duplication. Now, positively

a worker can use the interplay of different service units at work on the client's problem. The constructive worker searches for the factors which will serve as a guide in finding the focus, help to break down hindrances and perhaps blaze new trails in treatment.¹

B. The Use of the Index in Group Work

Although there has been a considerable amount of thinking and writing with reference to the Social Service Index as a case work tool, as far as this writer can determine, social work literature has been practically devoid of material based on the use of the Index in Group Work with the exception of a few unpublished Masters' Theses and Committee reports. Yet,

1. Laura G. Woodbury - "The Modern Case Work Exchange - a Source Book for Case Workers." The Family; 5:51, May 1924

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there are many advantages to be obtained from its application especially in a setting similar to that of the D.N.C. where the focus is on protective and preventive work in extra-mural groups. However, before group work agencies can take advantage of the S.S.I., there are many points of practice which require comprehensive study. Principles of partial versus total registration, selection of records and follow-up use of material obtained, client's consent² and the confidential nature of the record³ need to be formulated in the light of agency function, group work objectives and the type of leadership available. Discussion of these questions is outside the scope of this paper but one must be aware of them.

The Index is not a substitute for a member-worker relationship. Rather, it is a supplementation to the facts, opinions and attitudes that have arisen in the contact, and a clarification of them in the light of past experiences.

C. Advantage

One of the first reasons cited in advocating the use of the Index is the saving of time it effects. The time and energy of the worker are realistic hinderances to complete coverage especially when professional departments are understaffed. The worker might well wait for the parent to divulge significant information that would shed light on the member's difficulty, but in the meantime, the problem might have grown beyond control.

2. Beatrice R. Simcox, "The Social Service Exchange." Journal of Social Casework 27:331, November, 1947, 28:388, December, 1947

3. Rev. Walter McGuinn, S.J. "The Professional Secret in Social Work", Boston College School of Social Work Bulletin. Vol. 1, No. 1, 1938

CHAPTER IV

THE TYPE OF INFORMATION RECEIVED

A. Agencies Knowing Family:

A reading of the S.S.I. registrations in the sixty-two cases studied revealed family contacts with seventy-four different health and welfare agencies. List 1. enumerates these. The number of agencies interested in any one family ranged from one to twenty-two. The mode number was seven. In three cases there was an additional S.S.I. on the mother and in one case, an additional S.S.I. on the father, both before marriage.

Inspection of the agencies appearing reveals the highest proportion in the public assistance field, closely followed by medical and family service agencies. The latter included treatment of minor problems of maladjustment. Mental health, correctional and protective agencies are significantly present, but are overshadowed by the large proportion of the financial, health and service needs.

For the purpose of the D.N.C., this data places the child in the midst of a growing wheel of family insecurity. These economic, health, educational and environmental lacks are seldom the source of his maladjustment. Rather, they are the complicating forces that change the situation and engender the attitudes that influence the development of the problem and the behavior.

The worker is faced with a limitation of his function and must necessarily formulate his objectives with the hope of utilizing specialized assistance from these other fields.

CHAPTER XXV

The first of the great events of the American Revolution was the Declaration of Independence, which was adopted by the Continental Congress on July 4, 1776. This declaration was a formal statement of the colonies' separation from Great Britain, and it was a declaration of the colonies' right to self-government. The declaration was a landmark event in the history of the United States, and it was a declaration of the colonies' right to self-government.

The second of the great events of the American Revolution was the Battle of Bunker's Hill, which was fought on September 17, 1776. This battle was a tactical draw, but it was a moral victory for the colonies. It showed that the colonies were capable of standing up to the British in a conventional battle. The battle was a landmark event in the history of the United States, and it was a declaration of the colonies' right to self-government.

The third of the great events of the American Revolution was the signing of the Treaty of Paris, which was signed on September 3, 1783. This treaty was the final agreement between the United States and Great Britain, and it was a declaration of the colonies' right to self-government. The treaty was a landmark event in the history of the United States, and it was a declaration of the colonies' right to self-government.

The fourth of the great events of the American Revolution was the signing of the Constitution, which was signed on September 17, 1787. This constitution was the first written constitution in the history of the United States, and it was a declaration of the colonies' right to self-government. The constitution was a landmark event in the history of the United States, and it was a declaration of the colonies' right to self-government.

LIST I

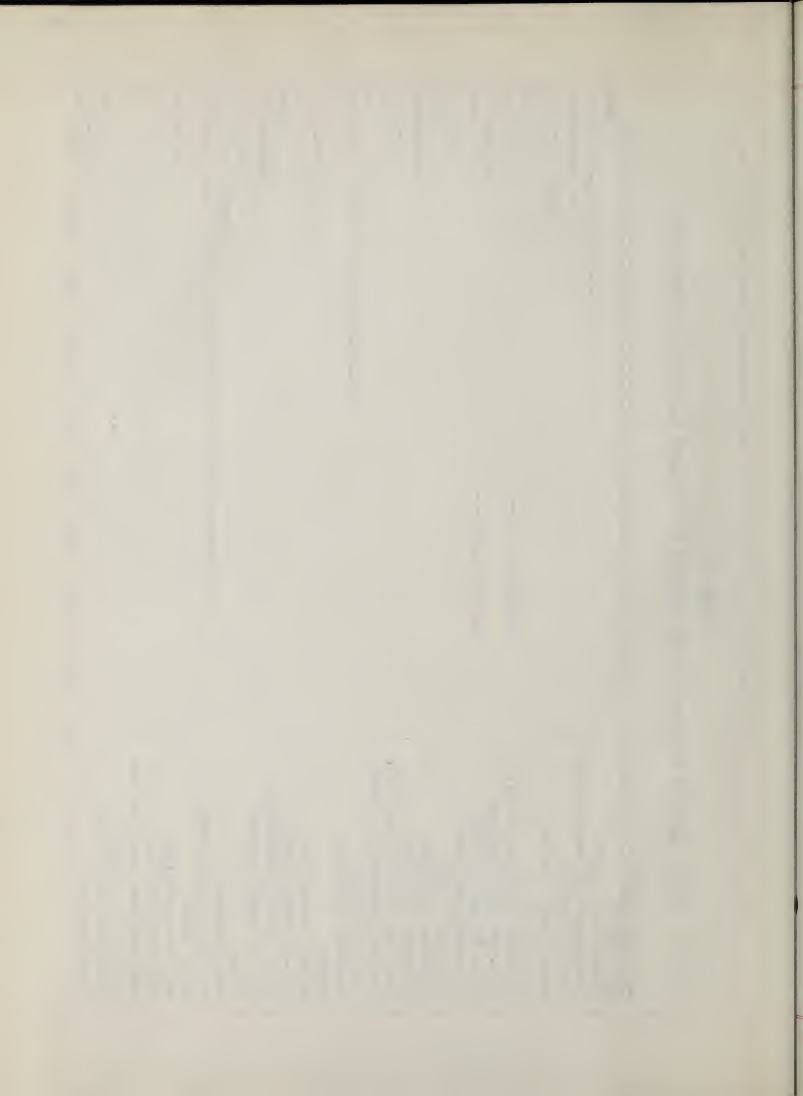
LIST OF AGENCIES KNOWING FAMILIES COMPARED WITH RECORDS SELECTED FOR INVESTIGATION

Beth Israel
 Boston City Hospital
 Boston Council of Soc. Agencies
 Boston Dispensary
 Boston State Hospital
 Boys' Parole
 Burroughs' Newsboys Found.
 Cath. Charitable Bureaus
 Child Welfare Division
 Childrens' Aid Assoc.
 Childrens' Friend
 Childrens' Hospital
 Childrens' Mission
 City Hall Institutions Dept.
 Civilian Conservation Corps
 Community Health
 Community Workshop
 Courts
 Dept. of Correction
 Dept. of Public Health
 Div. of Child Guardianship
 Div. of Mental Hygiene
 E. & A.
 Family Society
 Free Hospital for Women
 Habit Clinic
 Hall Street Mission
 High School Visitor
 Home-Destitute Cath. Children
 Homeopathic Hospital
 Industrial Aid Society
 Infant Hospital

Records on ----

Records read ----

50 45 40 35 30 25 20 15 10 5

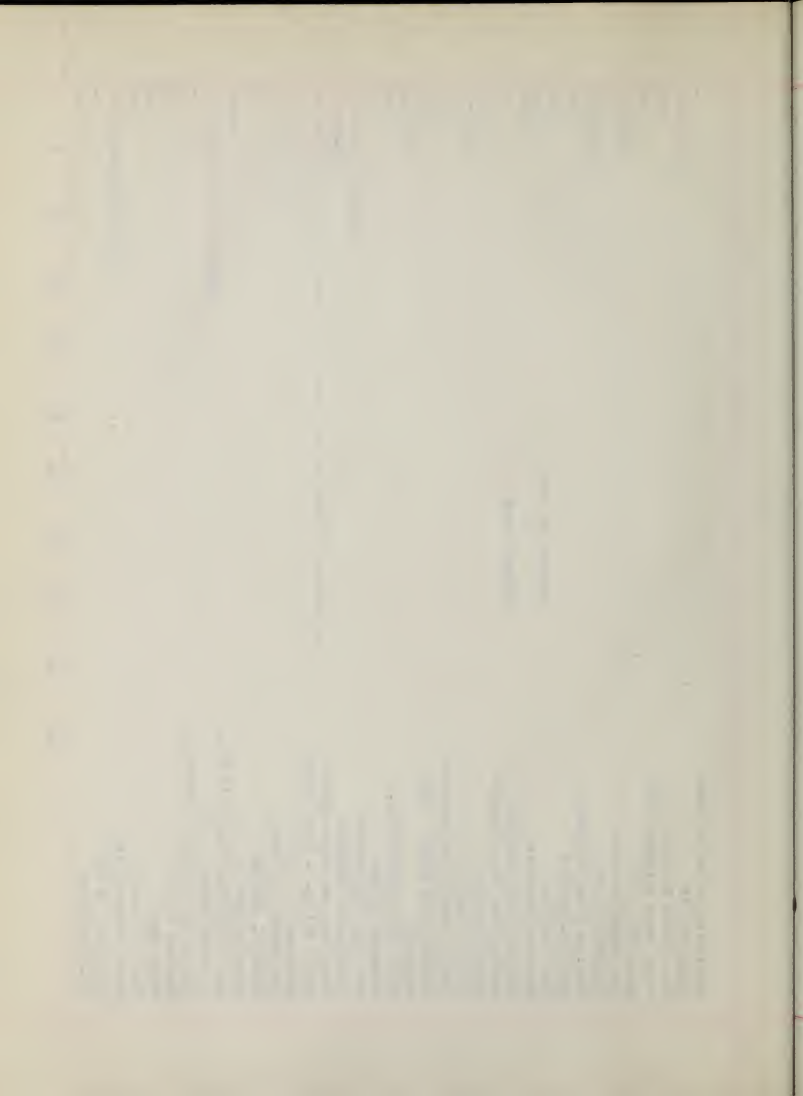


Jewish Fam. & Chn's Friend
 Jewish Relief
 John Howard Society
 Judge Baker Guidance Clinic
 Legal Aid
 Long Island Hospital
 Lying-In Hospital
 Mass.Eye & Ear Infirmary
 Mass.Gen.Hospital
 Mass. Memorial
 Maverick Dispensary
 Medfield State Hospital
 Metropolitan State Hospital
 Morgan Memorial
 Mothers' Aid
 New Enr. Home Little Wanderers
 New Eng Hosp. Women & Chn.
 Overseers
 Peter Bent Brigham Hosp.
 Probation Office
 Provident (Homemakers)
 Psychopathic Hospital
 Public Welfare Dept.-Boston
 Public Welfare - other cities
 Red Cross
 Reformatory for Women
 Robert F. Brigham
 Salvation Army
 Soc. Prevention Cruelty to Chn.
 Soldiers' Relief
 Somerville Associated Charities
 Southard Clinic
 State Farm
 State Infirmary
 State Temporary Aid
 St.Vincent de Paul
 T.B.Association

Records on -----

Records read - - - - -

50 45 40 35 30 25 20 15 10 5



Travelers' Aid
U.S. Vets' Admin.
Vets' Hospital
Visiting Nurses Assoc.
Walter Fernald

Records on ----

Records read - - - -



B. Selection of Records for Further Investigation

List 1 also shows that in contrast, 108 records at only twenty-nine of these agencies were read. A complete perusal would not only have been time-consuming, but also unnecessary.

In a process of selection, the first step was to correlate the child's age with the date of the Index registration. This eliminated certain records which, because of date and/or problem, would not contribute to a better understanding of the child's needs. Secondly, records which included summaries of other agency records were chosen. If these indicated benefits to be gained from reading the complete record, this was done. Finally, emphasis was placed on records that contained the social situation as well as the distinct problems, since these were the most valuable.

Table I indicates the problems with which the records dealt.

TABLE I
GROUPING OF RECORDS READ ACCORDING TO PROBLEM

Classification	Number	Per cent
Behavior	9	8
Corrective	7	7
Mental Health	8	8
Protective	15	15
Physical Health	20	18
Relief	16	15
Service	32	30
Total	107	100

THEORY OF THE EARTH AND ITS HISTORY

The following table is a summary of the results of the investigation of the earth's history, and is intended to be a guide to the student in his study of the subject. It is not intended to be a complete treatise on the subject, but rather a summary of the results of the investigation of the earth's history, and is intended to be a guide to the student in his study of the subject.

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The following table is a summary of the results of the investigation of the earth's history, and is intended to be a guide to the student in his study of the subject.

TABLE

Summary of the results of the investigation of the earth's history

Period	Duration	Characteristics
1	100,000,000 years	Primary period
2	100,000,000 years	Secondary period
3	100,000,000 years	Tertiary period
4	100,000,000 years	Quaternary period
5	100,000,000 years	Recent period
6	100,000,000 years	Present period
7	100,000,000 years	Future period
8	100,000,000 years	End of the world

This was done in order to point up the fact that records are followed up discriminately, when the registration suggests that pertinent information which can be utilized within the focus of the department may be obtained.

C. Significant Facts Revealed

1. General Information

A study of the information contained in these records reveals some significant facts to the writer. Not all of them pertain directly to the client. On the contrary, as Table II shows us, the largest percentage of information (25%) gives us a general picture of the family's economic and home background.

TABLE II

PROBLEMS GROUPED AS PERTAINING TO INDIVIDUALS

Classification	Mother	Father	Client	Sib.	Family
Alcoholism	8	16	-	-	-
Behavior	31	28	6	5	-
Delinquency	-	-	5	7	-
Econ. Background	-	-	-	-	36
Family Background	-	-	-	-	43
Health	9	10	19	11	-
I. Q.	5	4	11	6	-
Neurotic Traits	5	2	11	3	-
Personality	<u>10</u>	<u>8</u>	<u>10</u>	<u>-2</u>	<u>-</u>
Total	68	68	62	34	79
Percentage	22%	22%	20%	11%	25%

Following this, the facts concerning the mother and father appear with equal frequency with twenty-two per cent of the information obtained relating to the father, and twenty-two per cent to the mother. Twenty per cent of the information referred to the child, and the smallest percentage (11%) pertained to siblings. This last fact is significant since the client comes from a median family of four children. Data concerning the parents and siblings were noted because of their influence on the personality and behavior of the child, and because the department has an indirect responsibility to them.

Table II also helps to determine the frequency of the various problems revealed in each member of the family and serves as a basis for comparison. In forty-three instances, the material pointed up the family background, picturing the home in only six cases as one made happy by good familial relationships. The remaining thirty-seven cases spoke of homes as too small for private, sanitary living and too disrupted to allow normal family life. This overcrowding, the deteriorated condition of the home, and of the parents in many cases, and the fact that often both parents were working, left the child unsupervised in the streets or chained to the home in an almost fruitless housekeeping task.

2. Patterns of Behavior

This physical surrounding was complicated by frequent mention of personality difficulties and behavior problems on the part of parents and siblings. There were seventy specific references to such behavior, which constituted the highest proportion of facts obtained. These facts gave clues to the personalities of the clients which were specifically mentioned thirty

times. Items such as delinquency, arrests, illegitimacy, immorality, forced marriages, marital discord, alcoholism, desertion, separation and divorce, usually in combination, helped to form the family pattern. Consequently, we see related behavior recurring in the children.

3. Behavior and Personality of Client

The client is the focus of this thesis. Therefore, he is delineated more carefully at this point. As in the case of his parents and siblings, references to the client's personality in the case records were varied. They were either vague or general or specific and well-defined. Hence, it seemed best to provide separate categories to preserve these recorded differences in the discussion.

Table III directs our attention to the client and his general personality difficulties which involved no overt delinquencies. Hostility and

TABLE III
TYPE OF PERSONALITY PROBLEM IN CLIENT

Problem	Number
Inability to keep friends	3
Hostility and Aggression	4
Unhappiness and Confusion	1
Anxiety	1
Over-attachment	<u>1</u>
Total	10

THESE, HOWEVER, ARE THE ONLY DOCUMENTS OF THE KIND, AND
 THE FOLLOWING, WHICH WERE FOUND IN THE COLLECTION OF THE
 THE NATIONAL ARCHIVES, ARE THE ONLY OTHER DOCUMENTS OF THE
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THE FOLLOWING ARE THE ONLY OTHER DOCUMENTS OF THE KIND.

NAME	DATE
1	JANUARY 1, 1862
2	FEBRUARY 1, 1862
3	MARCH 1, 1862
4	APRIL 1, 1862
5	MAY 1, 1862
6	JUNE 1, 1862
7	JULY 1, 1862

aggression appeared most frequently (4 instances) followed by the inability to make and keep friends (3 instances), unhappiness and confusion, anxiety and over-attachment each appeared once.

Some personalities expressed themselves through neurotic traits or acts. The cases show a representation of one case each of nail biting, twitching of eyes, hysteria, day dreaming, masturbation, sex drive, malignering, and nightmares, and three cases of enuresis. Other personalities however manifested themselves in overt behavior problems as listed in Table IV.

TABLE IV
TYPE OF OVERT BEHAVIOR PROBLEM
IN CLIENT

Problem	Number
Stealing	1
Sex Experiences	3
Temper Tantrums	<u>2</u>
Total	6

For example, one case of stealing is listed, two of temper tantrums and three of actual sex experience. In addition, there are five references to delinquency in the client and seven in siblings.

These facts indicate the beginnings of an immature unstable personality which should be identified at the earliest possible moment, and steps initiated towards treatment and constructive corrective experiences.

The first of these is the fact that the
 number of cases of the disease is
 increasing rapidly. This is due to the
 fact that the disease is becoming
 more common in the population.
 The second is the fact that the
 disease is becoming more severe.
 The third is the fact that the
 disease is becoming more difficult to
 treat.

Table showing the number of cases of the disease in the year 1900.

Year		Number of cases	
1900	1901	1900	1901
1	2	100	150
2	3	200	300
3	4	300	450
4	5	400	600
5	6	500	750

The above table shows the number of cases of the disease in the year 1900. It is seen that the number of cases is increasing rapidly. This is due to the fact that the disease is becoming more common in the population. The second is the fact that the disease is becoming more severe. The third is the fact that the disease is becoming more difficult to treat.

4. Alcoholism

In addition to previous references to parental behavior, was the problem of alcoholic parents displaying cruel and abusive traits or in three cases, unbridled criminal behavior. There were eight cases of alcoholism in the mothers, and sixteen in the fathers, two of whom were in addition psychotic.

5. Economic Background

Factors of dependency attitudes, sickness, incapacity, lack of training or education and mental incompetence accounted for the marked inability of the wage earner to provide his family with a minimum standard of living. In thirty-six records, families appeared as dependent on public assistance either for supplementation or because the adult wage earner was dead or absent. There was also wide coverage in aid from private agencies.

6. Health Problems

It is a generally accepted fact that the lower the income, the greater the ratio of sickness. The records bear out this statement recording the health problems as forty-nine in number, second only to behavior. Many of these problems were closely related to inadequate diet, improper clothing and overcrowding although specific physical handicaps appeared along with social diseases. The health problem for the family ranged from infected teeth to epilepsy and included malnutrition, tuberculosis, inflamed eyes, arthritis, infantile paralysis, ulcers, pyelitis, asthma, pernicious anemia, rheumatic fever and syphilis. Table V presents the type of health problems found in the client.

The first half of the year was spent in the study of the history of the United States, and the second half in the study of the history of the world. The first half of the year was spent in the study of the history of the United States, and the second half in the study of the history of the world.

General Remarks

The first half of the year was spent in the study of the history of the United States, and the second half in the study of the history of the world. The first half of the year was spent in the study of the history of the United States, and the second half in the study of the history of the world.

Particular Remarks

The first half of the year was spent in the study of the history of the United States, and the second half in the study of the history of the world. The first half of the year was spent in the study of the history of the United States, and the second half in the study of the history of the world.

TABLE V
TYPE OF HEALTH PROBLEM FOUND IN CLIENT

Problem	Number
Adenoids	1
Arthritis	1
Asthma	2
Dislocation of Right Hip	1
Inflamed Eyes	1
Malnutrition	1
Poor Health	5
Pyelitis	1
Rheumatic Fever	2
Tuberculosis	<u>4</u>
Total	19

TABLE VI
INTELLIGENCE OF THE CLIENTS

Classification	Number
Superior	1
High Average	3
Low Average	3
Retarded	3
Feeble-minded	<u>1</u>
Total	11

Table

(continued from page 100)

Table 1	
Year	Value
1950	100.0
1951	105.0
1952	110.0
1953	115.0
1954	120.0
1955	125.0
1956	130.0
1957	135.0
1958	140.0
1959	145.0
1960	150.0
1961	155.0
1962	160.0
1963	165.0
1964	170.0
1965	175.0
1966	180.0
1967	185.0
1968	190.0
1969	195.0
1970	200.0

Table 2

(continued from page 100)

Table 2	
Year	Value
1950	100.0
1951	105.0
1952	110.0
1953	115.0
1954	120.0
1955	125.0
1956	130.0
1957	135.0
1958	140.0
1959	145.0
1960	150.0
1961	155.0
1962	160.0
1963	165.0
1964	170.0
1965	175.0
1966	180.0
1967	185.0
1968	190.0
1969	195.0
1970	200.0

7. Intelligence

Information regarding the intelligence of the children was made available. As shown in Table VI (P. 21) one child was designated as superior, three as high average, three as low average, three as retarded, and one as feeble-minded. A similar pattern was seen in parents and siblings.

Thus, we have a specific picture of the client and a general picture of his family from the records of twenty-nine agencies.

D. Reasons for Absence of Follow-up

Sixteen of the cases (26%) were not followed up for a variety of reasons. Seven were passed by because the clients did not stay in the clubs long enough to allow family and agency contact. In these cases, one member was withdrawn by his mother, two were very irregular in attendance and four left their clubs. In three cases, the problems were beyond D.N.C. function and, in addition, another agency was already active. There was one case of non-follow up because the boy was not considered to be a problem. In five cases family information was gathered which bore no reference to the client and which was adjudged, in addition, as insignificant.

E. Significant Facts Followed Up

On the other hand, as Table VII (P. 23) demonstrates, there is a very great difference between the number of facts obtained and the number utilized. Excluding facts of home and economic background which together constituted thirty-six per cent of the work undertaken, we find the greatest amount of work done in the health field (24%). The least direct work was attempted with intelligence ratings (4%) and delinquency (4%), as both were considered beyond the pale of the department. Thirty-one per cent of the

facts which referred to the personality and behavior patterns of both the client and his family were utilized.

TABLE VII
COMPARISON OF GENERAL FACTS
OBTAINED AND UTILIZED

Classification	No. Obtained	No. Utilized
Alcoholism	24	-
Behavior	70	13
Delinquency	12	4
Economic Background	36	13
Family Background	43	20
Health	49	22
I. Q.	26	4
Neurotic Traits	21	10
Personality	<u>30</u>	<u>5</u>
Total	311	91

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CONTENTS		
ORIGINAL ARTICLES	DEPARTMENTS	EDITORIAL
1. The Problem of the Future of the Medical Profession 2. The Problem of the Future of the Medical Profession 3. The Problem of the Future of the Medical Profession 4. The Problem of the Future of the Medical Profession 5. The Problem of the Future of the Medical Profession 6. The Problem of the Future of the Medical Profession 7. The Problem of the Future of the Medical Profession 8. The Problem of the Future of the Medical Profession 9. The Problem of the Future of the Medical Profession 10. The Problem of the Future of the Medical Profession	11. The Problem of the Future of the Medical Profession 12. The Problem of the Future of the Medical Profession 13. The Problem of the Future of the Medical Profession 14. The Problem of the Future of the Medical Profession 15. The Problem of the Future of the Medical Profession 16. The Problem of the Future of the Medical Profession 17. The Problem of the Future of the Medical Profession 18. The Problem of the Future of the Medical Profession 19. The Problem of the Future of the Medical Profession 20. The Problem of the Future of the Medical Profession	21. The Problem of the Future of the Medical Profession 22. The Problem of the Future of the Medical Profession 23. The Problem of the Future of the Medical Profession 24. The Problem of the Future of the Medical Profession 25. The Problem of the Future of the Medical Profession 26. The Problem of the Future of the Medical Profession 27. The Problem of the Future of the Medical Profession 28. The Problem of the Future of the Medical Profession 29. The Problem of the Future of the Medical Profession 30. The Problem of the Future of the Medical Profession

Table VIII gives a comparison of client facts obtained and utilized. It shows that fifty-eight per cent of the facts which pertained to the client were utilized.

TABLE VIII

CLIENT INFORMATION OBTAINED IN THESE 62
CASES COMPARED WITH INFORMATION USED

Problem	Obtained	Used
Behavior	6	6
Delinquency	5	3
Health	19	14
I.Q.	11	2
Neurotic Traits	11	7
Personality	<u>10</u>	<u>4</u>
Total	62	36

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6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10

CHAPTER V
HOW FACTS WERE UTILIZED
WHAT PLANS WERE MADE

A. Introduction

Treatment of the various problems noted above was attempted in two general ways. There was direct treatment by the D.N.C. and/or by other agencies and indirect treatment by the D.N.C. and/or by other agencies.

In this discussion, "direct" implies face to face contact with the client or club member in an effort to assist him in an adjustment to his problem. The indirect approach involves manipulation of the client's environment and the persons in it in an attempt to modify the forces that are contributing to or perhaps causing the client's difficulty. Again, the needs of the parents of the client or other members of the family were also considered the responsibility of the D.N.C. when no other agency was active.

It must be noted that direct and indirect treatment by other agencies always implies treatment that was undertaken in cooperation with the D.N.C. and as a result of D.N.C. referral and collaboration. No attempt was made to specify the work of other agencies instituted on their own initiative either before the D.N.C. entered, during, or following the work of the D.N.C.

B. Direct Treatment

Table IX presents the cases of direct service. It states that only twenty-five (54%) of the forty-six members followed up were made the fo-

THE
HISTORICAL RECORD
OF THE
CITY OF NEW YORK

1890-1891

The following is a list of the names of the persons who have been elected to the office of Mayor of the City of New York, from the year 1784 to the present time. The names are given in alphabetical order, and the year of election is given in parentheses.

1. William Livingston (1784)
2. John Jay (1789)
3. Philip Hone (1826)
4. George T. Downing (1832)
5. James D. Van Buren (1835)
6. Richard B. Spaight (1838)
7. George F. Fisher (1841)
8. George W. Tamm (1844)
9. George W. Tamm (1847)
10. George W. Tamm (1850)

1851-1852

11. George W. Tamm (1851)
12. George W. Tamm (1852)
13. George W. Tamm (1853)
14. George W. Tamm (1854)
15. George W. Tamm (1855)

16. George W. Tamm (1856)
17. George W. Tamm (1857)
18. George W. Tamm (1858)
19. George W. Tamm (1859)
20. George W. Tamm (1860)

1861-1862

21. George W. Tamm (1861)
22. George W. Tamm (1862)
23. George W. Tamm (1863)
24. George W. Tamm (1864)
25. George W. Tamm (1865)

cus of the worker's attention and were helped directly by the club program and leader.

TABLE IX
DIRECT SERVICE TO CLIENTS

Classification	D.N.C.	OTHER
Club program and leadership	25	-
Direct therapy	-	4
Interviews	8	-
Support	<u>4</u>	<u>-</u>
Total	37	4

However, it must be remembered that these figures do not imply that only twenty-five members were helped directly. Rather, they represent the calculated assistance which was given specifically to an individual on the basis of information gathered from S.S.I. follow-up.

It is impossible to gauge the amount of help an individual received from the cooperative interaction of a protected group supervised by an understanding leader. It can be assumed, though, that most children served by the D.N.C. benefit directly to some degree from their club contacts and experience.

In addition to the club program, there were eight (22%) direct interviews arranged by the department workers with club members around matters of concern, for example, personal needs and relationships. For each case of therapy undertaken by another agency, the D.N.C. gave support to

the client, interpreting the treatment when advisable.

2. By Another Agency

As a result of the D.N.C. interest in four clients, referral was effected in two cases to the Habit Clinic, in one to the Child Guidance Clinic, and in one to the Massachusetts General Hospital Psychiatric Clinic. These clients were given direct therapy in an effort to treat their problems.

C. Indirect Treatment

1. By the D.N.C.

As Table X indicates, the forty-six members followed up received eighty-six different services. This table is found on page 28. Twenty-seven times, the personality needs and behavior of the client, his health needs and the effect of upset parental and sibling relationships were interpreted to his parents and school teacher. Three times the D.N.C. function and club program was defined for another agency. In six cases, the D.N.C. interpreted the function of other agencies to parents as a prelude to reduction of hostility and acceptance of service. In addition, the need of improvements in the home was also explained to one landlord. This interpretation represents forty-four per cent of the indirect service given by the D.N.C.

A vacation at the summer camp of the D.N.C. in Cohasset was arranged for sixteen club members and three siblings who could benefit from this respite from conflict plus the healthy routine of camp life. These vacations from oppressive environment accounted for twenty-two per cent of the indirect service.

D.N.C. workers also indicated to fourteen individuals the benefits

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TABLE X
INDIRECT SERVICE BY THE D.N.C.

Service	Number	Total	Per cent
Camp		19	22
Client	16		
Sibling	3		
Direct Help to Mother	2	2	2
Interpretation		37	44
to mother	21		
to father	3		
to school	3		
to landlord	1		
of D.N.C. to agencies	3		
of other agency function	6		
Material Help	9	9	11
Open Club for Sibling	1	1	1
Recommendations	14	14	17
Support to Mother	1	1	1
Work Contacts	<u>2</u>	<u>2</u>	<u>2</u>
Total		85	100

TABLE
 1. THE 1000 MOST COMMON PLANTS

Rank	1910	1920	1930
1	10	10	10
2	11	11	11
3	12	12	12
4	13	13	13
5	14	14	14
6	15	15	15
7	16	16	16
8	17	17	17
9	18	18	18
10	19	19	19
11	20	20	20
12	21	21	21
13	22	22	22
14	23	23	23
15	24	24	24
16	25	25	25
17	26	26	26
18	27	27	27
19	28	28	28
20	29	29	29
21	30	30	30
22	31	31	31
23	32	32	32
24	33	33	33
25	34	34	34
26	35	35	35
27	36	36	36
28	37	37	37
29	38	38	38
30	39	39	39
31	40	40	40
32	41	41	41
33	42	42	42
34	43	43	43
35	44	44	44
36	45	45	45
37	46	46	46
38	47	47	47
39	48	48	48
40	49	49	49
41	50	50	50
42	51	51	51
43	52	52	52
44	53	53	53
45	54	54	54
46	55	55	55
47	56	56	56
48	57	57	57
49	58	58	58
50	59	59	59
51	60	60	60
52	61	61	61
53	62	62	62
54	63	63	63
55	64	64	64
56	65	65	65
57	66	66	66
58	67	67	67
59	68	68	68
60	69	69	69
61	70	70	70
62	71	71	71
63	72	72	72
64	73	73	73
65	74	74	74
66	75	75	75
67	76	76	76
68	77	77	77
69	78	78	78
70	79	79	79
71	80	80	80
72	81	81	81
73	82	82	82
74	83	83	83
75	84	84	84
76	85	85	85
77	86	86	86
78	87	87	87
79	88	88	88
80	89	89	89
81	90	90	90
82	91	91	91
83	92	92	92
84	93	93	93
85	94	94	94
86	95	95	95
87	96	96	96
88	97	97	97
89	98	98	98
90	99	99	99
91	100	100	100
92	101	101	101
93	102	102	102
94	103	103	103
95	104	104	104
96	105	105	105
97	106	106	106
98	107	107	107
99	108	108	108
100	109	109	109

to be gained from health check-ups, hospital care, housekeeper service and follow-up on medical diagnoses. These suggestions included along with the necessity for the care, specific advice as to how it could be obtained. This area of work entitled recommendations was considered as the step following interpretation. Seventeen per cent of the work falls in this category.

Material help was also given. In nine cases (11%) reality situations entered into the treatment scene which affected it, and therefore, had to be handled before further progress could be made. For example, while one unemployed father was being helped to work out his hostility toward Public Welfare, it would have been disastrous to allow Christmas to pass by unnoticed. This would have blocked further treatment. Here, sweaters were given to cover the immediate need.¹

There were other instances where clothes, mostly sweaters, were given. In addition, glasses were provided for one client with the assistance of the D.N.C. since the family could afford only a small fraction of the cost.

In addition, two mothers were seen in therapeutic interviews in an effort to assuage their mental burden; one was given support while she was being treated in a psychiatric clinic; a new club was opened for a sibling in an attempt to lessen rivalry; a job was obtained for one mother; and one referral to an employment agency was arranged.

2. Indirect Service by Other Agencies

Indirect service provided by other agencies through the cooperation

1. See case of John T. on p. 37 of this thesis

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of the D.N.C. did not lend itself easily to tabular form. Services engaged in ranged from help in obtaining employment for a mother in one case (27%), to cooperative arrangements for camp placement for fourteen club members and five siblings (43%) at a variety of agency summer camps. In the majority of these cases, cooperative arrangement implies financial help and planning.

There was one case each of providing dental care, recreational activities on a different level, a camp counselling for a potential leader and vocational counseling for siblings. Help in moving and a Public Welfare transfer were arrangements which affected to whole family. These total twelve per cent of the service rendered.

Again, in the realm of referral and service, there were two cases of collaboration and consultation with agencies about an individual, two referrals, two cases of psychiatric care for mothers, two placements, two instances of direct treatment for a father and sibling and two cases reopened as a result of D.N.C. recommendations. Twenty-seven per cent of the work was done in this area.

Finally, health examinations were arranged in five cases, and eye care at a clinic in one. These six cases (14%) conclude the indirect services arranged for the client and his family.

CHAPTER VI

ILLUSTRATIONS

A. Introduction

The following five cases chosen for their representativeness from the sixty-two used in this study, illustrate typical procedure by the D.N.C. in the individualization of group members. The child is first observed in his relationship with the group in an effort to determine his capabilities, his needs and wants. The S.S.I. is consulted and selected records read. Objectives are then formulated for each child on the basis of his needs as evidenced by his behavior, and in relation to the home from which he comes, to his parents and his siblings.

It may not always be an overt problem that prompts the worker to undertake further study of the child. It may be, rather, a question of his withdrawal, poor attitudes and/or adjustment, weak identification or over-identification with the leader that indicates the possibility that the group is reflecting a difficult home situation. The leader¹ can utilize this knowledge to provide the satisfactions that the child is seeking in the group. Case I is an example of this.

It also frequently happens that the group contact is a means whereby the leader can identify beginning personality and behavior maladjustments and initiate a process of help. This is seen in Case II.

1. The word "leader" in these cases refers to the supervised volunteer. "Worker" means the employed staff person.

THE
MUSEUM

1871

The following is a list of the
specimens of the genus *Amphibia*
collected by the author during his
travels in the mountains of the
Andes, in the provinces of
Cuzco and Arequipa, in the
kingdom of Peru, in the year
1869. The specimens are
now deposited in the
Museum of Natural History,
Paris.

The first specimen is a
male of the species *Amphibia*
collected at the town of
Cuzco, in the province of
Cuzco, in the kingdom of
Peru, in the year 1869.
The second specimen is a
female of the same species,
collected at the same place,
in the same year.

The third specimen is a
male of the species *Amphibia*
collected at the town of
Arequipa, in the province of
Arequipa, in the kingdom of
Peru, in the year 1869.

The fourth specimen is a
female of the same species,
collected at the same place,
in the same year.

Often the S.S.I. registration leaves only an impression of great financial insecurity in the family. A reading of the records of the agencies involved indicates the assistance given and often discloses as well a history of irregular employment and hostile, uncooperative attitudes. This situation is further complicated if the family applies to a service agency for relief or supplementation when the aid function of the agency is limited. The service agency must refuse to give relief and correspondingly loses any opportunity to help the family with their basic attitudes. This was the situation in Case III which had to be met before the parents of a club member felt free to summon the D.N.C. worker for help when the child began to be involved in delinquent acts.

It is also the practice of the department to accept children on referral from other agencies when it is felt that a group experience will contribute to the child's adjustment. This is demonstrated in Case IV.

Finally, Case V is typical of the many other cases in which the S.S.I. revealed a desperate home situation with countless major and almost insurmountable problems. Department function forces the D.N.C. worker to leave the major handling of the case to other agencies while he concentrates on the club member. However, the worker can inform himself of the plans and objectives of the agencies working in the home. Thus he can avoid conflicting advice and perhaps, positively help by support and interpretation of the plans of other agencies to the club member or his family.

In every case, the procurement of the S.S.I. registration was the major device which assisted the worker in the individualization of the

child. A follow-up of the significant records was also typical procedure, but the way in which the follow-up occurred, or the information used was variable. Knowledge of the services of other agencies provided background and direction, encouraged utilization of all available resources and supported D.N.C. work.²

Case I. Ruth P.

Ruth had joined the club at the invitation of her best friend. She was a tall, thin, attractive blond who was outgoing and entered into all of the activities with great zest. However, when she appeared at her first meeting she was accompanied by her younger sister, Mary, a lively seven-year old who captivated the hearts of the club members and monopolized the leader's attention. Ruth faded into the background, lost her enthusiasm and became passive.

It was felt that Ruth needed this group experience to develop status and that she could utilize it to the fullest. Therefore, the leader called at the home in an attempt to gain the mother's cooperation in keeping the seven-year old occupied elsewhere on club afternoons.

The worker visited armed with the knowledge that in previous contacts with agencies, the mother had been uncooperative, and had not carried out suggestions. The mother was dull and an authoritative approach seemed to be the only medium by which she could be reached. Ruth, at the age of five, had been referred to the Division of Mental Hygiene for enuresis. At that time she tested as being superior mentally, but speech lessons were suggested to help her develop.

The home was in a sub-standard tenement. It was very small and every room except the kitchen had a bed in it. The father was a truck driver with a grammar school education, earning a minimum wage. Supplementary help had been given by the Department of Public Welfare in the past.

At the beginning of the interview, Mrs. P. used the size of her home as her reason for not having the club meet there. When she was reassured that there was no

2. A complete discussion of the benefits to be gained from the use of the S.S.I. is found in Chapter VII of this thesis.

obligation to invite the club, she relaxed and said that the real reason for not having the club was that she feels so tired and nervous she can't keep her housework done and is ashamed to entertain. A recent operation had left her physically very weak and emotionally upset. Her husband's coldness and indifference was disturbing to her. He was irritated by both the children, but was very partial to Mary. When this partiality became so marked that Ruth was hurt by it, Mrs.P. interceded on Ruth's behalf, but her husband responded by growing more angry, saying that his wife was spoiling Ruth.

As the interview continued, Mrs.P. told the worker That Ruth feels that Mary has everything, curly hair, good looks, a pleasing personality and that everyone loves her. Ruth is completely submissive, giving her sister everything she asks for and even accepting physical abuse in the way of kicks and punches.

Although Ruth had better intelligence than her sister, she was not doing well in school because of her general feeling of inferiority. She had begun to use make-up, to dress in her mother's clothes and sit on her door steps attempting to attract the attention of men who passed by. This had caused her mother great concern.

It was suggested that the club might be one place where Ruth could develop without the rivalry of her sister, and Mrs. P. was asked to keep Mary occupied. Mrs.P. accepted the suggestion and agreed to do her shopping on the club afternoon, thus taking Mary out of the neighborhood.

This family had already been known to four different agencies for financial, health and service problems. The health record was checked thoroughly. This revealed the mother in a chronic state of extreme anxiety, complaining of her husband as unsympathetic and her children as undisciplined. She was given opportunity for psychiatric help but never kept her appointments. The hospital agreed with the worker that the mother might be better able to use Family Society help.

In consultation, the leader and worker agreed that the mother might welcome some help from an agency in working out her problem with her husband. The leader was delegated to get the consent of Mrs.P. for the worker's visit. She was found to be greatly depressed at this time and was contemplating divorce.

Mrs.P. agreed to go to the Family Society. Her visit

was preceded by the worker's interpretation of her need for help with the children as well as a great deal of encouragement in using a psychiatrist. She accepted the help of the Family Society in talking over her problems and consented to be seen by the psychiatrist later.

In cooperation, the D.N.C. and the Family Society arranged for Ruth to go to camp so that she could be free of her environment for a short time at least.

Although Mrs. P. continued to be preoccupied with her own problems for some time eventually she began to accept both of her daughters, giving them the attention and loving consideration they needed.

In this case, Ruth had accepted the invitation to join the group with great zest and was participating well. The entrance of her younger sister, however, who began to rule the group by reason of her youth and charm caused Ruth to lose her original status. The leader with parental cooperation persuaded the youngster to withdraw from the group leaving Ruth free to regain her original status.

Direct help was given through the club program minus sibling rivalry. The leader acted in the role of the good, understanding, neutral mother. Ruth was also indirectly helped by the therapy her mother received for her emotional problem. There was cooperation evidenced between the hospital, the Family Society and the D.N.C. on the mother's referral and camp placement for Ruth.

Case II. Alice K.

When Alice first entered the club late in the season, she was rather bashful but gradually got over it, and was able to contribute to club activity. She was very affectionate and quite dependent on the leader. Her home duties often prevented her from coming to club since her household chores were great. At times, she also had to stay at home learning Bible verses. Mrs. K. was a relig-

ious fanatic and was attempting to make her children the same. She expected more of Alice than she was able to give as Alice was retarded, and could not concentrate for any length of time.

The worker called at the home to inquire about the possibility of Alice going to camp. The home, the worker noticed, was much more attractive than any in the neighborhood. It was also clean and well furnished.

Mrs. K. explained that since Alice lost the sight of an eye last winter, she has withdrawn from contact with other children because she fears that they will make fun of her. The worker assured the mother of Alice's acceptance in the club and later interpreted to the club leader Alice's sensitiveness.

The S.S.I. registration mentioned thirteen different agencies as interested in the family. The concentration of services were in the protective, judicial and financial areas.

The records revealed that the father had deserted, that the mother was promiscuous, and that only two of the five children were legitimate. The S.P.C.C. had been called in eleven times. The mother had been taken to court, adjudicated as neglectful and ordered to make a better home for her children. Alice, who is retarded in school, was referred to the Habit Clinic for enuresis and her strong sex drives. The mother is pictured as cruel and punishing.

Since there was very little that could be done with the mother, the worker felt it was her task to concentrate chiefly on Alice, her behavior problem and her retardation, in an effort to effect an improvement rather than a complete change.

The worker called again on Mrs. K. to find out the reason for Alice's absence at recent club meetings. She found that Alice's good eye was irritated because she had lost her glasses and that her mother couldn't afford another pair. The worker suggested the eye clinic. Mrs. K. said that she was unable to take her daughter, but was urged to do so and to follow up the recommendations of the clinic.

At this time, Mrs. K. also complained about Alice's behavior saying that she had learned that the absences from club and church had been urged by two undesirable companions with whom she had been associating. She was very critical of Alice and added that she was afraid that Alice would set the house on fire since she had a mania for flames. She would like to take Alice back to the doctor she had seen before.

The worker gave help with this problem and suggested the possibility of the use of the Judge Baker Guidance Center because of Alice's age.

The worker knew that the Habit Clinic had closed the case previously because Mrs. K. was willing but unable to cooperate. It had been felt that little could be accomplished, and the case was closed after attempts were made to give Mrs. K. an understanding of Alice's problem and ways of meeting it. The worker telephoned the Habit Clinic to ask if the case would be within their function. The record was reread, and the case accepted again.

In a later visit, Mrs.K. reported that the medical clinic had decided that Alice did not need glasses, but would need an operation later. She asked the worker for help in securing employment for her son and suggestions for utilizing the Veterans' Service were given.

The worker called for Alice several times and brought her to club meetings. Her presence was taken for granted and she entered wholeheartedly into the games.

In this case, Alice's group adjustment, relationships with other members and increasing absences, prompted a home visit to interpret her behavior and to obtain the cooperation of her mother.

Direct help was given to Alice from two quarters, the club program and leaders and a referral by the D.N.C. to the Habit Clinic for therapy. Indirectly, the worker's interpretation of Alice's behavior to her mother modified the mother's attitude and helped her to recognize Alice's needs and to deal with them more constructively.

Case III. John T.

John and his brother Bill were fellow club members who carried their differences of opinion to club meeting with them causing a troublesome atmosphere at all times. Bill was a talented out-going boy with definite leader's ability who overshadowed John. John was also capable but he was shy and could contribute to the group only when his brother wasn't present. He believed that he was inferior to Bill and that he

was disliked by the boys. The rivalry was intense and was expressed either in petty bickering or in John's refusal to participate. In time, John began to lose interest in the group, to be destructive and to absent himself.

The worker decided to visit the home and was confronted with a recitation of the latest family misfortune. Mr. T's recent industrial accident had left the home bereft of any funds since his workman's compensation and unemployment insurance had been delayed. The inadequacy and uncertainty of their income in the past had taken its toll and this family of six was unprepared for the emergency, and was struggling for existence.

The worker remembered that of the four agencies registered at the S.S.I., three were public relief. The fourth was a service agency from which the family had sought aid. Since the father had had an industrial accident and in the past had been irregularly employed, the service agency refused help but recommended public welfare.

The first move by the worker was to give Mrs. T. some help in planning. Then she sought Mrs. T.'s cooperation in getting her husband to come to the office to talk over his rights in getting compensation and how the process might be speeded up. Mr. T. responded to the invitation and accepted the worker's suggestions that she contact the proper authorities and his place of business. At this time with Mr. T., and later with Mrs. T., there was an opportunity given for both to talk out their feelings toward relief and agencies. This was a difficult educational task since Mrs. T., especially, was apt to misinterpret the worker's suggestions in regard to planning and budgeting, and often became depressed when the worker made it evident that relief was not D.M.C. function. However, it was possible at Christmas time to use special funds and provide concrete help in the way of toys and clothes from the C.A.A. To enable the parents to accept and use this help positively, they came directly to the C.A.A. to obtain these gifts so that they could return to their home and present them from "Santa Claus" rather than as public assistance.

Later, Mr. T. was referred to the Family Society and especially to a male worker. This was accomplished by constant interpretation to Mrs. T. who was interested in having her husband obtain help. The father's needs, for help with his disability and its psychosomatic implications, for ego strength and satisfaction, and need to identify with a strong adult male, as demonstrated in the worker's contacts, were passed on to the Family Society. The case was accepted.

Thus, on the basis of this positive influence and assistance in the family, Mrs.T. had a resource when John began to display delinquency symptoms. She contacted the worker and asked for help with the problem. The boys' worker called at the home. Mrs.T. launched into a recital of John's misdeeds and his part in a breaking and entering incident. She felt that John was a good boy but was getting into bad company. Her request was that the worker find a summer camp to take John away from the neighborhood and his companions. Then Mrs.T. proudly described the work and constructive attitudes of her oldest son, Bill. Bill and his sister Pat were also club members. It was suggested by the worker that a summer camp placement might be arranged. Both parents heartily approved of this and an interview was planned between the worker and John.

This material confirmed the leader's impressions. In club, John submitted entirely to his brother, attempting at all times to please him and to stay on good terms with him. It was impossible for the leader to draw John out. In this interview, John did not respond when the worker told him that his mother had related his problem, but he did not look at the worker either.

Spontaneously, he told the worker that he was no longer associating with the boys who led him into difficulty. This seemed to be an attempt to assure the worker that he was a "good boy." The idea of a work camp, especially the money involved, appealed to John and the worker was asked to obtain further details.

Throughout this conversation, Bill hovered close by, attempting to listen and had to be asked to respect the privacy of the interview. Bill agreed, but when the worker returned to the home to inform the parents of the camp details, Mrs.T. asked if arrangements had been made for both, and repeatedly urged the worker to include Bill in the plans.

The worker then discussed John and Bill with the Family Society worker who was seeing their father. The Family Society agreed with the D.N.C. in the diagnosis, namely, that because of the great rivalry between John and Bill, and because Bill was the parental favorite, John was developing a tendency toward anti-social behavior in order to obtain for himself some of the satisfactions which Bill was getting through his relationship with his parents. It was decided that the worker should go ahead with his plans for placing John at camp. This would enable him to earn money and to

develop a sense of independence. Both workers urged the parents to permit John to make this move alone. The Family Society would help in finances and clothing needs. John went to camp but stayed only three weeks. His reason for returning home was homesickness.

To eliminate some of the pressure of rivalry on John, arrangements were also made by the worker to allow Bill to attend a different camp. He was placed for a two week period but also spent an additional two weeks later through a plan which he initiated himself.

This fall, John left the club because of a sub-group conflict. He did not respond to invitations to return. Instead, he joined a group of younger boys and, at first, tended to disrupt the activities. The worker attempted to counteract this by providing a constructive outlet. John was asked to assist the leader of this younger group. He responded. It is granted that John is functioning on a lower level than might be wise, but perhaps in doing so he is acquiring status and will be able to transfer the experience in leadership into his original situation.

In this case, an original contact to talk over club problems was overshadowed by a prominent relief situation which was handled by the D.N.C. worker. The parents were, in the process, freed of some of their burdens and enabled to see the problems of their sons. In addition, the family realized that the interest and help of the worker could be transferred to another situation.

John was directly helped by the personal interviews between him and the workers of the D.N.C. and the Family Society as well as by the club leader who was also aware of his needs, and was attempting to provide for them.

There was also considerable environmental manipulation. The D.N.C. gave the family material help, skills in budgeting and practical assistance in facilitating the obtaining of unemployment insurance and workmans'

compensation. Interviews with the parents changed their attitudes toward jobs, dependency, acceptance of relief and agencies. The relationship between Mr. and Mrs. T. was improved as the worker helped Mrs. T. to understand better her husband's needs, and also her own role in the family.

Cooperation with other agencies gave Mr. T. and John help with their problems. John and Bill also benefited through inter-agency camp placements.

Case IV. Edith D.

Edith was referred to the D.M.C. by the Habit Clinic. She was a bright child whom the clinic had followed for five years. Her I.Q. was 105, but she performed poorly in school, particularly in reading. She resented guidance and was considered troublesome. She was alternately both shy and aggressive, active and restless, and had been reported for an over-interest in sex.

The referral also presented the neighborhood as one where there had been a great deal of sex play among the children. It was hoped that the club would redirect these children and interest them in other types of activities.

Mrs. D. was very enthusiastic about the possibility of a club for her daughter. She requested that the club meet at her house and expressed a desire to cooperate. She and Edith were given the opportunity of selecting the members, although the worker gave a great deal of guidance, particularly recommending that boys be included in the club if Edith wanted them. Mrs. D. had previously related Edith's interest in boys and their activities and her wish to be a boy since she is now excluded from their games.

A study of the S.S.I. registration listed the family as known to fifteen different agencies, primarily financial and health. The facts obtained were these. The parents were legally separated after a long period of marital discord. This discord centered partly around Mr. D.'s inadequate wages as a painter, and partly around his illicit relationships with other women. Mrs. D. appeared as an undernourished, frustrated woman, overwhelmed by her duties.

The Jewish Family Welfare Society had had almost continual

contact since 1932. At first only supplementary aid was given, but since her separation from her husband, Mrs.D. had received Mothers' Aid. She was over-dependent on her sons, expecting them to bear the financial and emotional burdens of the home.

As a result of this responsibility, the first and then the second son became dominant and bullying in the home. A camp placement indicated that the youngest boy was defiant and was masturbating. Edith's camp record for the same year indicated serious behavior problems, a sense of guilt, and at the same time aggression and defiance. She engaged in sex play and enjoyed the punishment she received. There was a great deal of ambivalence in her feelings for her brother nearest her age. She referred to alternate hate and love.

The youngest member of the family, Sue, expressed a dislike for Edith. She had been cooperative at camp and was well liked. Her role was that of a follower who was rather withdrawn and did not clamor for attention.

When the club was organized, Edith adjusted well. She was well behaved and cooperative and enjoyed activities tremendously. She lost most of her aggression but not her activity. She felt a great deal of responsibility for her behavior and that of the other girls, continuing to feel that it was her club. The other members did not resent this attitude but her crude manners bothered them.

Occasionally, there had been an expressed fear that the other girls would drop her from membership. As time passed, she did not demand attention at the meetings as much as formerly, but she continued to be boisterous and often whining. She always talked loudly and without regard for others who might be talking. She was affectionate and most appreciative of the approval and affection of the leader.

Sue attracted attention at club meetings in her home and disrupted activities. Edith, however, did not resent her attendance as the other girls took her presence for granted.

When Sue reached the age of eight she was given the privilege of starting a club. This was done with the support of the J.F.W.S. which also felt that since Sue was not a problem, a club might prevent any behavior difficulties or, at least, catch any indication that she was developing as other members of the family had.

At the time of the initiation of this project, Mrs.D. spoke to the worker about Edith's masturbation. The mother

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was appreciative of the help that had been given before and therefore, was willing to return if the Habit Clinic would accept Edith.

The D.N.C. worker telephoned the Habit Clinic. The record was reread, the case reopened, and Mrs. D. was notified. The symptom subsided, but the cause still remained. Edith now does not get along too happily with the girls since they dislike her noisy and aggressive demands for recognition, her constant accusations of others and talebearing. Since Edith was also rejected by her mother, the D.N.C. worker attempted to use summer camp as a means for her to escape from her dreary environment.

Later, Edith dropped out of the club because of its interests in boy-girl activity. She evidently felt a great deal of guilt about her earlier experiences with boys. Mrs. D. encouraged Edith in the feeling that she was too young to be concerned with boys, but the worker in direct interviews with Edith and her mother, tried to interpret this interest as natural and to be encouraged.

On the other hand, Sue was the most dependable, cooperative member of her club. She attended every meeting and carried out all jobs assigned faithfully. She was a quieter member of the club, but was not retiring, and displayed an unusual degree of understanding of other people.

Edith was referred by the Habit Clinic for constructive, supervised activity. Her relations and adjustments in the group where she could be observed closely evidenced her need for further psychiatric help and the case was reopened by the Habit Clinic.

In this case, the club and the S.S.I. profited not only Edith but her whole family. Edith was given direct help with her problems by the club leader and program and by the Habit Clinic. Indirectly, the D.N.C. worker's interpretation of Edith's behavior to Mrs. D. and support throughout treatment was helpful. Camp experience for Edith and Sue was of benefit, and Sue's club released some of the pressure previously directed against Edith.

The first part of the book is devoted to a general survey of the history of the subject, and to a discussion of the various theories which have been advanced to explain the origin of the disease.

The second part of the book is devoted to a detailed description of the various forms of the disease, and to a discussion of the various methods which have been employed for its treatment. The third part of the book is devoted to a discussion of the various methods which have been employed for the prevention of the disease.

The fourth part of the book is devoted to a discussion of the various methods which have been employed for the diagnosis of the disease, and to a discussion of the various methods which have been employed for the prognosis of the disease.

The fifth part of the book is devoted to a discussion of the various methods which have been employed for the cure of the disease, and to a discussion of the various methods which have been employed for the prevention of the disease.

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The ninth part of the book is devoted to a discussion of the various methods which have been employed for the cure of the disease, and to a discussion of the various methods which have been employed for the prevention of the disease.

However, it is not to be concluded that Edith's problem was solved, It had already progressed too far before it was reached. In addition, the Habit Clinic felt that it was the kind of problem that requires placement before treatment can be potentially sound. Club activity, however, did ameliorate her difficulties. The formation of the preventive club for Sue was by far the most helpful step.

Case V. Andy B.

Andy was a very difficult group member. He was an aggressive, boisterous and hostile boy who defied the leader and seemed to take pleasure in disrupting the group.

Andy was one of eight children, seven of whom were boys. He lived in a third-story apartment in a cluster of tenements. His home was small but comfortably furnished and well kept.

His family had been known in the past to twenty-two different social agencies. Their service had been given principally in financial, correctional and health areas.

The family picture disclosed that the father had deserted. He had been syphilitic and the mother promiscuous. Two of the children were retarded and one had been committed to a school for the feeble-minded. There had been great financial strain with a long history of public assistance. Three of Andy's brothers were delinquent. One had been under probation, but was later committed to Lyman.

This was the picture that faced the worker. Little could be done with this variegated pattern by the D.M.C. except assure Andy acceptance and constructive activity in the group, and guidance by the group leader in the role of a strong father substitute.

After talking with workers of some of the other agencies in the picture, the worker attempted to do nothing further. Perhaps at some future date, this awareness of the situation will be utilized beneficially and directly.

This case specifically defines D.M.C. function. Here, the function of the department was to concern itself with the boy in the club, attempt-

ing to build a strong friendly and supportive relationship. However, a responsibility existed for the worker to inform the proper agencies of his interest in the situation and his desire to cooperate with them.

Thus, we have a representative, total picture of the D.N.C.'s use of the Index.

CHAPTER VII

SUMMARY AND CONCLUSIONS

A. Summary of Findings

In the preceding pages, the S.S.I. registrations of sixty-two children who belonged to clubs sponsored by the Department of Neighborhood Clubs of the Childrens' Aid Association from October 1946 to June 1947 were studied. An effort was made to determine the value of the information received from the investigation of the S.S.I., whether the information was utilized and what type of service was given to the client as a result of the information obtained. The writer was also concerned with the total use of the Index, that it, in surveying the advantages or disadvantages inherent in Index use.

1. Case Studies

Five case studies were presented to illustrate typical problems and procedures in the department. They included examples of D.N.C. identification and treatment of a problem; referral from a case work agency, work by the D.N.C. and re-referral to an agency previously active, two follow-ups on obvious problems and one attempt at working in a situation where the problem had grown beyond protection and required correctional service.

In each case, the Index information made the worker more aware of the complexity of the family problem and its consequent impact on the member's life and development. After considering other agencies which had served or were serving the family, after reading the records and consulting the workers involved, the department was able to focus its services, either giving further help itself, or referring to another agency.

In each case, the group represented the family pattern to the child. The leader became a key person who influenced his development. The club work was supplemented by home and collateral visits by the worker.

2. Agencies Interested in the Family

The sixty-two families were well known to health and welfare agencies and requested their services repeatedly. The mode figure representing the number of different agencies serving a family was seven. Financial, health and service needs appeared most frequently, but mental health, correctional and protective agencies were also called in repeatedly. However, records to be read were selected discriminately according to their presumed value.

3. Significant Facts Revealed

(a) Economic and Family Background.

The facts presented a complex picture of family and financial background. Economically, fifty-eight per cent of the families were either impoverished or very insecure. The absence of, or defects in, the wage earner upset the normal financial routine. Homes were deteriorated either physically or morally and in some cases, a combination existed. Very few children were living a normal home life.

(b) The Fathers and Mothers

For both fathers and mothers there was a pattern of dullness, mental and physical illness, alcoholism, crime or immorality. They exerted little but physical control over their children. Their discipline, if not harsh and cruel, was absent or arbitrary.

(c) The Siblings

Most of the problems that were common to the client appeared in minor

count in the siblings. It was interesting to observe that although the client had a median of three siblings, facts concerning him materialized more frequently than facts concerning his siblings.

(d) The Client

In the client, specific personality and behavior patterns were observed. Twenty-seven references to hostility and aggression, inability to make and keep friends, unhappiness and confusion, anxiety and over-attachment appeared. Other difficulties were expressed through such neurotic traits or acts as nail-biting, hysteria, masturbation and malingering, or through overt behavior problems such as stealing or temper tantrums. There were also five reference delinquency.

Nineteen health problems of varied degrees and eleven clues as to the intelligence of the client were also noted.

4. Follow-Up

Sixteen (26%) of the sixty-two cases were not followed up for reasons of insufficient information or club absence. From the remaining forty-six cases, facts were extracted for follow-up.

Thirty-six per cent of the work was directed toward alleviating the home and economic background. These attempts were directly related to efforts in the health field (24%). Thirty-one per cent of the facts which referred to the personality and behavior of the client and his family were utilized. The least work was focused toward a change in the intelligence and delinquency situation as both obviously required a different focus.

Fifty-eight per cent of the facts which pertained to the client were utilized as his needs were the major objective of the department. However,

the D.N.C. also had an indirect responsibility for the parents and especially the siblings of its members. Hence, the work in their behalf.

5. Utilization of Facts

Treatment was either direct or indirect by the D.N.C. or by the D.N.C. in cooperation with other agencies.

a. Direct Service

Direct service by the D.N.C. included benefits to the client from club program and leadership (twenty-five times), interviews (eight times), and supportive relationships (four times). Case work agencies contributed direct therapy in four additional cases.

b. Indirect Service

The greatest amount (forty-three per cent) of indirect service by the D.N.C. was done in the realm of interpretation followed by environmental manipulation (twenty-two per cent) and recommendations or suggestions (seventeen per cent). Material help was required in eleven per cent of the cases although relief is not a function of the department. Direct interpretation and support, program and employment helps to mothers and siblings constituted indirect assistance to the client.

In cooperation with other case work agencies, the D.N.C. was able to help again in the employment and environmental situation and to facilitate health service and counseling. Recreational activities for a sibling were planned in cooperation with a group work agency. The department also collaborated and consulted with other agencies in regard to diagnosis, direct treatment, referral and placement.

6. Use of the S.S.I.

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The use of the S.S.I. apparently is justified as the advantages to be gained by using the Index as a prelude to home visiting and service indicate.

In every case, the use of the Index gave help in understanding the background and needs of members. This awareness brought better service, based on sounder diagnosis.

In forty-eight cases (seventy-eight per cent) the complexity of the problem was pictured. The S.S.I. often revealed a long history of illegitimacy, forced marriage, and desertion which explained the basis for rejection of a child.

In forty-five cases (seventy-three per cent) the D.N.C. was helped to realize its responsibility for service in consideration of the problem, and the agencies available and able to serve. In these cases, the information obtained from another agency helped the D.N.C. to deal more wisely with the problem. Or, the department limited its function recognizing a responsibility for referral.

The use of the S.S.I. saved the workers in twenty-eight cases (forty-five per cent) from seeking necessary information which might have hindered the relationship if it was sought before the client was ready. This argument also considered whether or not the client or his family was able to give the information.

Twenty-seven cases (forty-four per cent) were offered in support of the recognition of the better understanding and relationship that arose as a result of interpretation, cooperation and referral between case work and group work agencies.

Twenty-six cases (forty-two per cent) found the client better served as a result of integration of service. This was closely tied with the arguments (a) that the Index prevented duplication of service and (b) that the Index helped the worker to utilize constructively all likely resources. Twenty-four examples (thirty-nine per cent) were found to support these arguments.

Again, in the realm of cooperation, the knowledge of the plans of another agency enabled the worker to guide and help the family in that direction. The danger of two agencies offering conflicting advice was prevented. This unified front was evident in twenty-three cases (thirty-seven per cent).

Finally, the failure of another agency's approach guided and re-directed the work of the D.M.C. toward different goals. This was true in eleven cases (eighteen per cent).

B. Conclusions

From this study, certain generalizations can be drawn about the type of information that may be received from a consultation and follow-up of the S.S.I. and the pattern of work that may result. These generalizations, in turn, despite the limited number of cases studied, and the unique department from which they were extracted, may indicate certain benefits that may be obtained in all group work agencies if the S.S.I. were more commonly used. These generalizations may, in addition, suggest other trends that can be more clearly and definitely established by further investigation.

On the basis of the preceding discussion there seems justification

tion for the presentation of the following conclusions:

1. With the group process, special measures are needed for dealing with individual problems since group work shares with case work a fundamental objective of assisting the client in adjustment to his environment. Group work, because of its organizational pattern, affords a unique opportunity for observing and a definite responsibility in identifying the beginning symptoms of maladjustments in its members. These manifestations, if diagnosed when they first demonstrate themselves, can often be checked satisfactorily and a serious problem prevented. The S.S.I. registration assists in the recognition of these distress signals, helping the department to notice, explore, check and/or prevent.

2. It is not sufficient to observe and diagnose the overt, isolated symptom. Rather, the worker must ascertain the latent cause of the behavior and then proceed to treatment. It is mandatory that a worker consider the whole child under the influence of his home, church school and community. Otherwise, it is impossible for him to get a complete picture without the assistance of other agencies. Any and all clues obtained from the S.S.I. or elsewhere will help in this total awareness.

3. In the light of its protective function, the D.N.C. must quickly focus its plans. Promptness contributes to probable success of therapy. The worker must differentiate, for example, between the disturbed child who needs psychiatric care and the relatively stable child whose health, growth and development is being impeded by environmental conditions and, therefore may require only indirect treatment.

One agency can never act on a social problem in isolation, but the skills of the specialists can be woven into a coordinated approach. Again, it often happens that the family does not know which agency to consult. Therefore, the agency or agencies best qualified to serve because of the type and intensity of the problem should be consulted and referral made accordingly.

4. The D.N.C. has a responsibility not only to the child but to his parents and siblings. The family influences, both good and bad, must be evaluated for their effect on the child and his development. It is not always possible to prevent difficulties from developing, but certainly an awareness of them will provide a basis for more intelligent planning and interpretation.

5. Finally, because of the many problems such as illness, absent or inadequate parents, rivalries and hostilities, and absent or cruel discipline, that are revealed both by the S.S.I. and home visits, a pattern for leadership in the D.N.C. emerges.

The great need of the children studied in this thesis is a positive identification with a strong mother or father figure who is non-authoritarian, accepting and, above all, loving. A child secure in the love and affection of his parents has a solid foundation which will enable him to withstand many of life's trials. The insecure, neglected child is handicapped and develops an immature, unstable personality as his only defence against the world. The D.N.C. attempts to provide strong leadership which will approach these psychological needs of its children in an attempt to ameliorate any rejection.

the following is a list of the names of the persons
who have been appointed to the various positions
of the Board of Directors of the American
Board of Commissioners for the Propagation of the
Christianity among the Indians, since the year
1800.

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Dr. John W. Alden, Secretary, and

C. Recommendations

Although the above conclusions pertain to the children served by the D.N.C., they appear sufficiently generalized to be valid in other group work settings. The writer feels that it would be of great value for all group work agencies to register selectively. The information obtained would provide a better understanding of the personality, behavior and needs of the child and the stated objective, that is, the adjustment of the client to his environment, would be reached more quickly. The cooperation with other agencies entailed in the process will provide better agency relationships. The mutual obligations involved in regard to records, confidentiality of material, the consultation and referral process must be understood and respected.

These final recommendations have been expressed elsewhere.¹ They are that one staff person be assigned to registration and follow-up; that records must be carefully kept and their confidential nature protected, and that the material must be handled by professional workers only. Records must be properly interpreted and used judiciously. In addition, significant portions must be made available to club leaders in supervisory conferences to the extent that they can be properly utilized.

1. Social Service Exchange Committee of the Welfare Council of New York City, Standards for the Use of the Social Service Exchange by Group Work Agencies.

Approved,

Richard K. Conant

Richard K. Conant
Dean

APPENDIX I

STUDY OF S.S.I. REGISTRATIONS IN THE D.N.C. OF C.A.A.

Group

- | | |
|---------------|-----------------|
| 1. Name | Color |
| Date of Birth | No. of Siblings |

II. Registration of Information

a. Unknown

b. Known to

1. No. of different agencies
2. Agencies knowing family (list)
3. Records read of which of these Agencies (list)

III. Significant facts secured

IV. Which Facts Were Utilized or Followed Up

V. What Plans were made, how Facts were used

- a. By the Dept. of Neighborhood Clubs
- b. In cooperation with another agency.

THE HISTORY OF THE UNITED STATES OF AMERICA

THE HISTORY OF THE UNITED STATES OF AMERICA
FROM THE FIRST SETTLEMENTS TO THE PRESENT TIME
BY
JOHN F. JOHNSON
VOLUME I
THE FOUNDING OF THE NATION
FROM 1492 TO 1789
CHAPTER I
THE DISCOVERY OF AMERICA
In 1492, Christopher Columbus, an Italian explorer, sailed across the Atlantic Ocean and discovered the Americas. He was the first European to reach the continent, and his discovery opened the way for European colonization. Columbus's voyage was sponsored by the Spanish monarchs, Isabella and Ferdinand, and it was the first of many voyages that would lead to the establishment of European colonies in North America.

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CONTENTS

CHAPTER I. THE HISTORY OF THE UNITED STATES FROM 1776 TO 1865. BY J. W. FULTON.

PREFACE

THE HISTORY OF THE UNITED STATES FROM 1776 TO 1865. BY J. W. FULTON.

CHAPTER II. THE HISTORY OF THE UNITED STATES FROM 1865 TO 1898. BY J. W. FULTON.

CHAPTER III. THE HISTORY OF THE UNITED STATES FROM 1898 TO 1914. BY J. W. FULTON.

CHAPTER IV. THE HISTORY OF THE UNITED STATES FROM 1914 TO 1918. BY J. W. FULTON.

CHAPTER V. THE HISTORY OF THE UNITED STATES FROM 1918 TO 1921. BY J. W. FULTON.

CHAPTER VI. THE HISTORY OF THE UNITED STATES FROM 1921 TO 1924. BY J. W. FULTON.

CHAPTER VII. THE HISTORY OF THE UNITED STATES FROM 1924 TO 1927. BY J. W. FULTON.

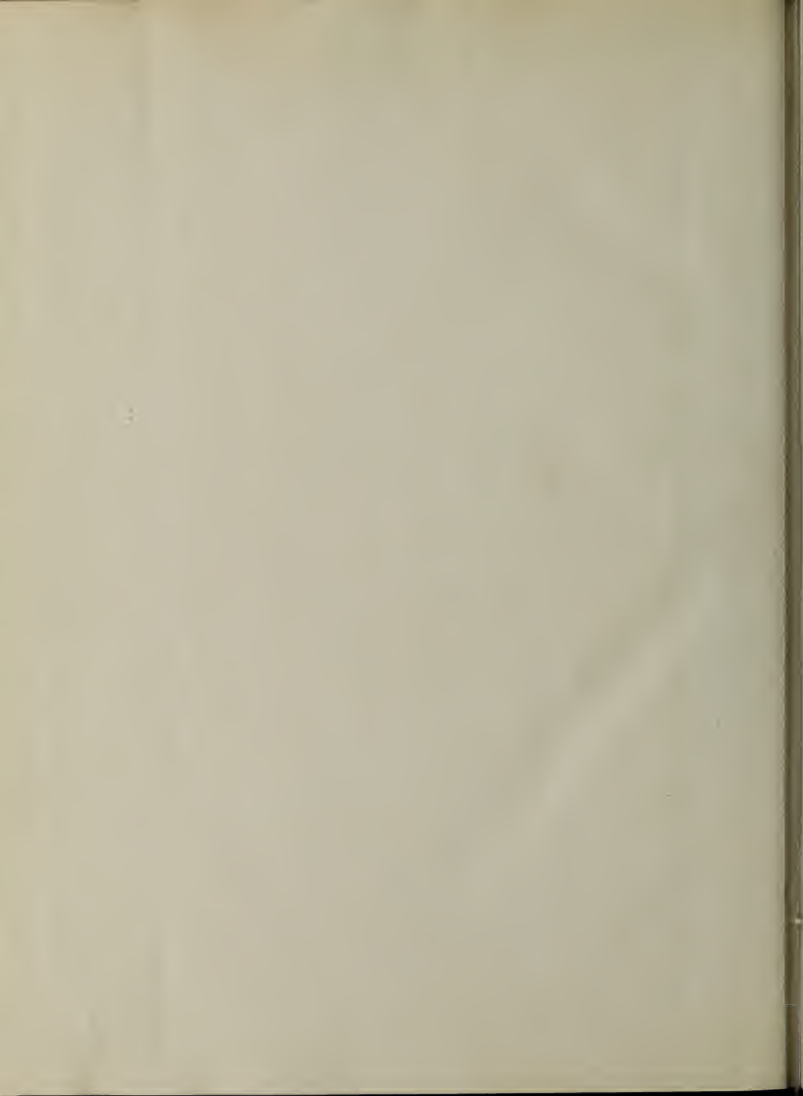
CHAPTER VIII. THE HISTORY OF THE UNITED STATES FROM 1927 TO 1930. BY J. W. FULTON.

CHAPTER IX. THE HISTORY OF THE UNITED STATES FROM 1930 TO 1933. BY J. W. FULTON.

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